



State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Northeast Regional Radiation Oncology Network, Inc	Manchester Memorial Hospital
Doing Business As	Community CancerCare	
Name of Parent Corporation	NA	Eastern Connecticut Health Network
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	73 A Haynes St. Manchester, CT 06040	71 Haynes St. Manchester, CT 06040
Applicant type (e.g., profit/non-profit)	Non-Profit	Non-Profit
Contact person, including title or position	Frances Friend Executive Director	Dennis P. McConville VP, Strategic and Operational Planning
Contact person's street mailing address	73 A Haynes St. Manchester, CT 0040	71 Haynes St. Manchester, CT 06040

Contact person's phone #, fax # and
e-mail address

860-533-4000
860-533-4011 (f)
ffriend@nrron.org

P: 860.533.3429
F: 860.647.6860
E:
dmconconvill@ech.nor
g

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title: Northeast Regional Radiation (NRRON) Expansion Project

b. Type of Proposal, please check all that apply:

X Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☐ New (F, S, Fnc)

☐ Replacement

X Additional (F, S, Fnc)

X Expansion (F, S, Fnc)

☐ Relocation

☐ Service Termination

☐ Bed Addition

☐ Bed Reduction

☐ Change in Ownership/Control

☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

X Project expenditure/cost greater than \$ 1,000,000

X Equipment Acquisition greater than \$ 400,000

X New

☐ Replacement

☐ Major Medical

☐ Imaging

X Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address): 73 A Haynes St., Manchester, CT

d. List all the municipalities this project is intended to serve: Manchester, Bolton, Coventry, Windham, Glastonbury, E. Hartford, S. Windsor, Vernon/Rockville, Tolland, Willimantic, Columbia, Storrs, Ellington

- e. Estimated starting date for the project: November 1, 2006

- f. Type of project: 13, 31 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
NA				

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure:
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$2,800,000
Medical Equipment (Purchase)	\$2,400,000
Imaging Equipment (Purchase)	NA
Non-Medical Equipment (Purchase)	\$66,000.00
Sales Tax	0
Delivery & Installation	included
Total Capital Expenditure	\$
Fair Market Value of Leased Equipment	
Total Capital Cost	\$5266000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Linear Accelerator	TBD	TBD	1	\$2,400,000

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
☒ Charitable Contributions ☒ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

AFFIDAVIT

Applicant: Northeast Regional Radiation Oncology

Project Title: NRRON Expansion Project

I, Frances Friend Executive Director
(Name) (Position – CEO or CFO)

of Northeast Regional Radiation Oncology, being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Northeast Regional Radiation Oncology complies with the appropriate and (Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Frances Friend
Signature

5/5/06
Date

Subscribed and sworn to before me on MAY 5, 2006

Louisa Beauregard
Notary Public/Commissioner of Superior Court

My commission expires: 12/31/2010

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

PROJECT DESCRIPTION

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

As approved by OCHA under Docket # 95-534, Northeast Regional Radiation Oncology Network (NRRON) d.b.a Community CancerCare provides radiation oncology consultation and follow-up care, external beam radiation therapy on Varian 600C linear accelerators, virtual simulation, and treatment planning. The program is offered at two sites, one located in the John DeQuattro Community Cancer Center in Manchester and one located in the Phoenix Community Cancer Center in Enfield. This care is coordinated in a multidisciplinary fashion with the medical oncologists in these facilities and other cancer caregivers in the community.

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

Community CancerCare seeks to expand radiation therapy services at the Manchester facility through the purchase and installation of a second linear accelerator. The program is either at or over capacity, treating approximately 44 patients a day. Community CancerCare has a waiting list process in place to accommodate the patients' treatment schedules.

3. Who is the current population served and who is the target population to be served?

The current population is made up of individuals that are referred for external beam radiation with 82% of patients residing in Community CancerCare's primary service area and 18% residing in Community CancerCare's secondary market. The target population for this additional service is projected to be the same as the current population served.

4. Identify any unmet need and how this project will fulfill that need.

The Manchester radiation therapy program, utilizing only one linear accelerator, has a waiting period ranging from 2 to 4 weeks. Our average patient treatment course is 24 daily visits, with a range of 2-9 weeks. Due to aging and population growth, cancer incidence in our market catchment area will grow approximately 4 to 9% over the next 3 to 10 years. With the capacity issues we are experiencing now, we will be unable to fulfill our mission and provide timely accessible radiation therapy to the patients we serve.

In addition to the capacity issues, the present linear accelerator is a single energy machine; therefore we cannot offer optimal care to all patients who wish

to stay in the community. The addition of a second linear accelerator with dual energy photons, electrons, and IMRT capability will improve patient access and provide our patients with improved treatment modalities and outcomes that will enhance their quality of life.

5. Are there any similar existing service providers in the proposed geographic area?

There are no radiation therapy centers in the market we serve. Hartford Hospital and St. Francis Care, located in Hartford, are the closest facilities. The William Backus Hospital in Norwich has a program and is approximately 36 miles southeast of Community CancerCare.

6. What is the effect of this project on the health care delivery system in the State of Connecticut?

The initial CON was granted to provide access to radiation therapy treatment to patients living east and north of Hartford. Studies indicated that patients in the northeastern quadrant of Connecticut had comparatively less access to radiation oncology services than those living in other areas of the state. It was often necessary for those patients to drive long distances for radiation oncology services. For this reason, many patients opted for less optimal cancer treatment plans.

The addition of a second linear accelerator both helps us to meet the present and future capacity needs of the community as well as to enhance the technology of the center. Because of the unique relationship with Hartford Hospital's Radiation Oncology Department, this service continues to enjoy economies of sharing resources and benefits from program and technology extension.

7. Who will be responsible for providing the service?

The service will continue to be provided by the staff of Community CancerCare as currently supplemented by a support services agreement with Hartford Hospital.

8. Who are the payers for this service?

The payer mix is:

Medicare and Medicaid	61%
HMO	22.5%
BSBC	13.3%
Commercial & self pay	3.2%

STATE OF CONNECTICUT
Department of Public Health
LICENSE

License No. 0317

Outpatient Clinic

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

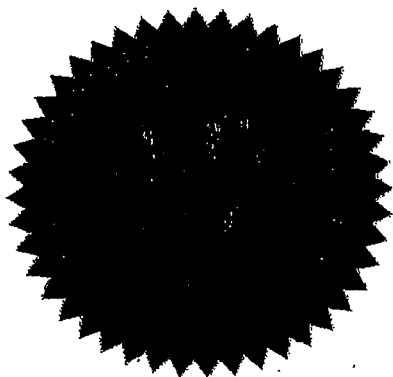
Northeast Regional Radiation Oncology Network, Inc. of Manchester, CT, d/b/a Community Cancercare is hereby licensed to maintain and operate an Outpatient Clinic.

Community Cancercare is located at 73A Haynes Street, Manchester, CT 06040.

This license expires **March 31, 2009** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2005. RENEWAL.

Services:
Primary Care Services



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H., Commissioner

STATE OF CONNECTICUT
Department of Public Health
LICENSE

License No. 0306

Outpatient Clinic

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

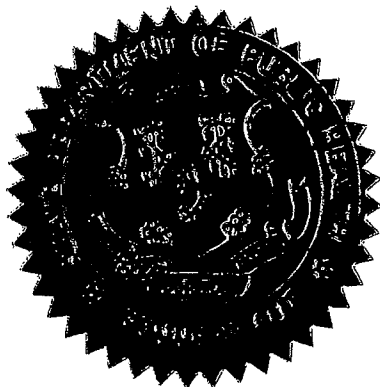
Northeast Regional Radiation Oncology Network, Inc. of Manchester, CT, d/b/a Community Cancercare is hereby licensed to maintain and operate an Outpatient Clinic.

Community Cancercare is located at 142 Hazard Avenue, Enfield, CT 06082.

This license expires **September 30, 2008** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2004. RENEWAL.

Services:
Primary Care Services



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H., Commissioner